

# BARRON GYMNASTICS – Special Activities

Date of Activity: \_\_\_\_\_  Birthday Party  Field Trip  Holiday Camp  Specialty Clinics

Kid's Activity Night  Open Gym  Special Activity

Child's Name: \_\_\_\_\_ Emergency Phone (During this activity): \_\_\_\_\_

Age: (must be 21 years old or younger) \_\_\_\_\_ Birthdate: \_\_\_\_\_

Current Barron Student:  Yes  No – (If not a current Barron Student please fill out information below.)

Parent's Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Medical, Physical or Other Concerns: \_\_\_\_\_

— ALL CHILDREN MUST HAVE THE RELEASE FORM SIGNED BY THEIR PARENT TO PARTICIPATE. —

## RELEASE

To the extent permissible by law, I/we hereby release, discharge and/or otherwise hold harmless and indemnify Barron Gymnastics, it's owners, officers, directors, employees and associated personnel, from and against any and all demands, claims and causes of action arising, directly or indirectly, from my child's/ward's participation in its programs. THIS RELEASE SPECIFICALLY INCLUDES ANY DEMANDS, CLAIMS AND CAUSES OF ACTION ARISING OUT OF THE PAST OR FUTURE NEGLIGENT ACTS AND/OR OMISSIONS OF BARRON GYMNASTICS, IT'S OWNERS, OFFICERS, DIRECTORS, EMPLOYEES AND ASSOCIATED PERSONNEL.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

